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|---|------------|--|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | Docket Number (Optional)<br>BBNT-P01-261 |           |
| Application Number    10/806,406  |            | Filed                    March 23, 2004  |           |
| For            METHODS AND SYSTEMS FOR REPRESENTING, USING AND DISPLAYING TIME-VARYING INFORMATION ON THE SEMANTIC WEB.   |            |  |           |
| Art Unit            2173  |            | Examiner            S. D. Alvesteffer    |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |  |           |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |  |           |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                  |           |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60                                     | \$ _____  |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$460      | \$230                                    | \$ 460.00 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1050     | \$525                                    | \$ _____  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1640     | \$820                                    | \$ _____  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2230     | \$1115                                   | \$ _____  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |  |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |  |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |  |           |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |  |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1945</u> . I have enclosed a duplicate copy of this sheet. |            |  |           |
| I am the <input type="checkbox"/> applicant/inventor.   |            |  |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.  |            |  |           |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |  |           |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____   |            |  |           |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.  |            |  |           |
| Registration number if acting under 37 CFR 1.34   |            | <u>54,026</u>                            |           |
| <u>/Michael J. Chasan/</u>  |            | <u>February 5, 2008</u>                  |           |
| Signature   |            | Date                                     |           |
| <u>Michael J. Chasan</u>  |            | <u>(212) 596-9000</u>                    |           |
| Typed or printed name   |            | Telephone Number                         |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                 |            |  |           |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.  |            |  |           |